COPY OF PAPERS ORIGINALLY FILED

CAN THE PROPERTY A TAIL OF TAIL OF TAIL							Patent and Trademark Office: U.S. DEPARTMENT Of Complete or respond to a collection of information unless it displays a valid OMB control number. Complete if Known Application Number 09/848,952					
9						First Named Inventor				Marc Lurie		
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mall Entity of yments must be supported by a small entity statement, otherwise three entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.						Group/Art Unit 2661						
See 37 C.F.R. 33 1.27 dua 1.20. OTAL AMOUNT OF PAYMENT (\$) 110.00						Attorney Docket Number 26625-703						
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osit count	Wilson S	Sonsini C	Goodrich	& Rosati		139	130	139	130	Non-English specification		
ne	L				1	147	2,520	147	2,520	For filing a request for reexamination		
	Charg	ge Any Ac	ditional Fo	ee Required id 1.17		112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
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		201	355	Utility filing fee	[]	119	310	219	155	Notice of Appeal Filing a brief in support of an appeal		
101	,,,	206	160	Design filing fee		120	310	220	155	Request for oral hearing		
106	320	207	245	Plant filing fee		121	270	221	135	Petition to institute a public use		
107	170		355	Reissue filing fee		138	1,510	138	1,510	proceeding		
108	,,,	208	333 75	Provisional filing		140	110	240	55	Petition to revive - unavoidable		
114	150	214		fee		141	1,240	241	620	Petition to revive - unintentional	L	
		SU	BTOTAL	``	\$) 0	1	·	242	620	Utility issue fee (or reissue)		
2. EXTR	A CLAIM	FEES	Extra Cla	Fee from below	Fee Paid	142	1,240	_		Design issue fee		
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Claims		, -3 –	L		=	122	130	122	130	Petitions to the Commissioner		
Multiple D	ependent			For Reissues see	below	123	50	123	. 50	Petitions related to provisional applications		
**or nun	iber previo	usiy paid,		; For Reissues, see	intion					Submission of Information Disclos	ure	
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Fee Code	Fee (\$)	Code	(\$)	Claims in excess	of 20	581	40	581	40	property (times number of property	ies)	
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102	80	202	40	of 3		l		0 24	9 355	For each additional invention to b	e	
104	270	204	135	Multiple depend	ent claim, if	149	71	U 24	, ,,,	examined (37 CFR 1.129(b))		
		200	40	not paid **Reissue inde	pendent claim	s Othe	er fee (spec	cify)	2	Request for Corrected Filing Rec	eipt	
109	80	209		over original pa	itent				55/1	10 Terminal Disclaimer		
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